

behavioral intentions. These findings have significant implications for consumer welfare and health policy.

PHPII

A STUDY ON SAVINGS AND HEALTH-RELATED SAVING MOTIVE IN CHINESE RESIDENTS IN HONG KONG

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OBJECTIVES: The fairness in financial distribution in costs for healthcare is an important objective of a healthcare system proposed in World Health Report 2000 by World Health Organization (WHO). This study examines the health-related precautionary saving motive in Chinese Hong Kong residents for the health policy action to gauge on the private financing for health care. **METHODS:** A representative sample of 18,287 non-institutionalized people above age of 18 and below age of 65 of years of old were surveyed for their health status, income, and savings. Saving rates were calculated as saving over disposable income. We used a widely used method to estimate permanent income measure from cross-sectional data developed by King and Dicks-Mireaux 1982, and Starr-McCluer 1996. Multivariate regression analyses were performed to investigate the association between income and saving rates, and health and saving rates. **RESULTS:** Saving rate was hump-shaped. It peaked in age groups of 25–34 years of old, and declined steadily toward retirement age. The number of children was a significant factor in determining saving rates in multivariate regression adjusting for age, education, household composition, housing arrangements, and health status. As permanent income rises, the saving rates rises. Measuring health in terms of chronic conditions, risk behavior, resource utilized in physician visits as well as number of inpatient admissions, composite measure of chronic conditions, general health perception, saving rate was not statically significantly associated with health status. **CONCLUSION:** Saving rate was distributed by the life-cycle events of child bearing. Health-related saving motive was not found in Chinese residents in Hong Kong.

PHPI2

ATTITUDES AS OUTCOMES: UNDERSTANDING THE COMPLEXITY OF THE HEALTHCARE CONSUMER

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OBJECTIVES: Consumers are more involved with their healthcare than in pre-internet, pre-DTC days. This leads to consumer segments with different healthcare attitudes and outcomes. Members of these groups, however, do not report outcomes in isolation; they are filtered through their personality and position. This study illustrates the diversity of healthcare consumers and discusses how

outcomes research can benefit by leveraging this variation. **METHODS:** An annual, self-reported study of U.S. consumer attitudes and behaviors was fielded in May 2001 and included 22,376 adult respondents. The sample was stratified and weighted by key demographics. We conducted a cluster analysis on 17 healthcare opinions, designed to evaluate health-related compliance and proactivity. **RESULTS:** Healthcare consumers segmented into five clusters: Rockwellians (26%) visit and trust doctors. They feel in control of and satisfied with their healthcare. Independent Thinkers (22%) ruminate before they medicate and have self-reliant attitudes. Polly Pharmas (21%) are healthcare information sponges. What, Me Worries (19%), conversely, are indifferent to their healthcare. Angry Young Men (12%) feel worse than they are, but do not act. Clusters differed by age, gender, and education. These segments also had different outcomes. For example, consistent with their negative attitudes, Angry Young Men had the lowest mental health, while content Rockwellians had the highest. Polly Pharmas reported worse physical health and were most likely to visit GPs (73%), while only half of What, Me Worries (53%) did. Independent Thinkers were taking fewer Rx's, though reporting an average number of conditions. **CONCLUSIONS:** There is great variety among healthcare consumers, correlating with diverse outcomes. This illustrates the caveat for self-reported data, that consumers' subjective reports should be interpreted contextually accounting for the type of healthcare consumer. We need to know who the "self" was that reported. Understanding—and measuring—this complexity should be considered with adherence, resource use, and other outcomes measures.

PHPI3

IMPROVING THE USE OF MEDICINES AND THE HEALTH KNOWLEDGE OF CONSUMERS THROUGH CIVIL EDUCATION SYSTEMS

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Due to the lack of health knowledge in Taiwan, the misuse of medication has resulted in severe harm to the health of general public. Community university system is one of the civil education systems in Taiwan, which is nation-wide and attended by general population in the surrounding communities. The community university system would be an effective channel to disseminate the pharmaceutical education to the general public. **OBJECTIVE:** To establish the curriculum and teaching material, and to recruit and train the lecturers for the pharmaceutical education in community university system.